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Attention: Independent Laboratories, Outpatient Hospitals and Physicians

Modifier '59' (distinct procedural service) may now be utilized by laboratory providers to identify a distinct service. When laboratory services are performed, modifier '59' should be used to report procedures that are distinct or independent, such as performing the same procedure (which uses the same procedure code) for a different specimen. Modifier '59' should not be used when a more descriptive modifier is available. Providers must bill the correct number of units instead of multiple details when billing the same procedure code on the same date of service. The following are three different examples of appropriate billing of laboratory codes with modifier '59':

Example 1

A young child presents to the outpatient laboratory for aerobic and anaerobic culture of two sites of a single wound to the thigh. The laboratory technician obtained independent specimens, one from the proximal wound site and one from the distal wound site and one specimen from the distal wound site for anaerobic testing. The lab tech also obtained independent specimens from the same wound (proximal and distal sites) for anaerobic cultures. This is how the procedure codes should be billed:

- 87071—Culture, bacterial; quantitative, aerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool.
- 87071-59—Culture, bacterial; quantitative, aerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool.
- 87073—Culture, bacterial; quantitative, anaerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool.
- 87073-59—Culture, bacterial; quantitative, anaerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool.

Example 2

A 53 year old male presents to the outpatient laboratory for lab tests ordered by the physician. The physician orders a lipid panel and LDL cholesterol. This is how these procedures should be billed:

- 80061—Lipid panel which includes the following: cholesterol, serum, total, lipoprotein, direct measurement, high density cholesterol, triglycerides.
- 83721-59—lipoprotein, direct measurement; LDL cholesterol.

Example 3

An elderly woman presents to the outpatient laboratory for multiple (4) blood cultures, including isolation and presumptive identification of isolates (87040). This is how this procedure should be billed:

- 87040—Culture, bacterial; blood, aerobic, with isolation and presumptive identification of isolates (includes anaerobic culture, if appropriate)—1 unit.
- 87040-59-- Culture, bacterial; blood, aerobic, with isolation and presumptive identification of isolates (includes anaerobic culture, if appropriate)—3 units.

For multiple sites or specimens use modifier '59' to identify separately identifiable procedure codes.